

ductor in Pittsburg when the train arrives and pay his fare, &c. Please to answer soon, we are very anxious to hear from you again.

Yours, very respectfully,

Address, Alleghany City, Pa.

ISAAC C.

*Local Paralysis, with Softening of the Brain, supervening on Hypertrophy of the Heart.*—Dr. OWEN J. WISTER read the following history of the case:—

J. R., a butcher, aged 62 years, of temperate habits, had been affected for several years with hypertrophy and valvular disease of the heart; but with the exception of some shortness of breath, on occasions of unusual exertion, suffered little from this cause, and was in possession of vigorous health.

About two years ago he had an attack of apoplexy, accompanied with paralysis of the left side, which, however, gradually disappeared, though some confusion of mind, when his attention was particularly engaged, especially with business accounts or other troublesome subjects, continued for several months; and the clearness and decision of his mind seemed never to have been completely regained. His motions were less active, and the integrity of the nervous system was slightly but perceptibly impaired.

His general health, however, was good after this attack, until January 3, 1860, with the exception of two or three very slight recurrences of dullness and confusion of mind, with pain and a sense of pressure about the head, which were readily removed.

On the night of January 2d last, having gone to bed in his usual health, he was seized with pains and a sense of weight at the epigastrium, accompanied by nausea and violent efforts to vomit. Large quantities of warm water were administered, which, however, were rejected almost unmixed with any other matter. The emetic and a stimulating enema having afforded considerable relief, he fell into a natural sleep, from which he awakened in a state of great excitement, complaining of pain in the head and raving in a wild, incoherent and almost inarticulate manner. He was entirely deaf, the optic axis greatly distorted, and the vision very dim; the left side, including the face, completely paralyzed; the pulse rapid, weak, and fluttering, and the extremities cold: coma speedily supervened, from which he was aroused by cups to the back of his head and neck, hot mustard foot-baths, and repeated enemata, the total inability to swallow preventing the administration of any remedy by the stomach.

Under this treatment, together with blisters to the occiput, the symptoms had all abated, at the end of the second week, with the exception of partial paralysis of the facial muscles and complete loss of the power of deglutition. Speech, though somewhat slow, was distinct; the deafness had moderated to slight dullness of hearing; the strabismus had disappeared, and vision was entirely restored.

At the end of the fourth week the left submaxillary gland became swollen, red, and painful, and finally suppurated, producing some relief from the heat and fulness of the head, which had been more or less complained of.

On the first day of March, nearly two months having elapsed, the power of swallowing suddenly returned. I say suddenly, because the attempt had been made every day since the 3d of January, and utterly without success.

During the suspension of deglutition life had been sustained by means of the stomach tube; and although the condition of the patient had varied very considerably as to strength and vitality, though the respiration was at times laboured and interrupted, the extremities cold and œdematous, the pulse scarcely perceptible, and the tongue dry and covered with dark brown

fur, but little emaciation had taken place, a proof that nutrition had been pretty well sustained.

With the power of swallowing came appetite; but though he was well fed, and the functions pretty well carried on, the abscess in the submaxillary gland did not heal, nor his strength or condition in any way improve.

Until the 14th of April little change was observed, and, with the exception of a distressing sense of heat, which was not appreciable on feeling the surface, there was but little suffering. During the evening of that day he had a severe chill, followed by great agitation and trembling, after which he gradually sank, and died about two o'clock the ensuing morning.

*Autopsy.*—The head only was examined. The dura mater was more than usually adherent, but otherwise normal, with the exception to be mentioned below. On opening it about three ounces of serum escaped. The arachnoid was normal, except that at the base of the brain it was somewhat opaque. The pia mater was thickened as if by inflammatory deposits over the outer side of the middle lobe of the left hemisphere. The cerebrum was firm, the convolutions being distinct and full except at the outer and lower part of the left middle lobe, where the gray matter was softened over a space of two square inches. The softening extended to the depth of one or two lines, the tissue being of a dirty white colour. The right lateral ventricle contained a small amount of serum; the left contained none. The choroid plexus was much enlarged on each side, and on the right to thrice or four times its natural size. The remaining central part of the brain and medulla oblongata were healthy. The left lobe of the cerebellum was softened throughout, so that on section it was partly diffluent, and the usual striated appearance was gone. The tissue was of a dirty white colour. The greatest degree of softening was on the under surface, extending from before backwards in a line the breadth of the thumb. The right lobe was softened in a less degree, though on the under surface, a line the width of the finger from before backwards was diffluent. The right lobe was atrophied decidedly, the left slightly. The tentorium over the central part of each lobe was reddened and had lost its polish. No undue redness of the brain, tissues, nor any evidence of a clot, recent or old, could be found.

*Continued Success of Case of Imperforate Rectum operated on Nine Months previously.*—Dr. E. WALLACE stated that he was glad to report the uninterrupted good health of the infant upon whom he had operated by incision with the bistoury and subsequent slight dilatation with the little finger, in December of last year, and whose case he had described at some length to the College at the last January meeting.

The little patient had not manifested the slightest indisposition, having hitherto escaped colic and the ordinary disorders of the dentition period, as well as other diseases.

The stools, which were flattened and attenuated during the first six or eight weeks, had since that time presented the usual moulded form, and had been voided with ease and regularity.

*Union of the Lid to the Ball of the Eye successfully treated by a New Method.*—Dr. HAYS called the attention of the Fellows to a plan of treatment for the relief of symblepharon, which he had recently employed with satisfactory results.

He stated, it was well known that adhesion of the lid to the ball of the eye, resulting from the action of caustic substances on the conjunctiva, or from purulent inflammation of that tissue, was generally considered not to admit